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AKIMA-DTSV 08 MAR 2005

**FAX**

**To** Office of Initial Patent Examination's  
Filing Receipt Correction

**Company** USPTO

**Fax** 703-746-9195

**From** Patricia Wilson

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**Date** March 8, 2005 **Pages including cover** 3

**Subject** Application of Davies et al.  
U.S. Serial No.: 10/031,637  
Filed: December 19, 2001  
Title: Medicament carrier  
Attorney Docket No. PG3693USw

GlaxoSmithKline  
PO Box 13398  
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Research Triangle Park  
North Carolina 27709

Tel: 919 483 2100  
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Attached: Request for Corrected Filing Receipt and Request for Refund;  
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Patty Wilson  
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Atty. Dkt. No. PG3693USw

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Davies et al.  
 Serial No.: 10/031,637  
 Filed: December 19, 2001  
 For: Medicament carrier

Unit: 3761  
 Examiner: Unknown

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

## REQUEST FOR CORRECTED FILING RECEIPT

- Attached is a copy of the official filing receipt received from the PTO in the above application for which issuance of a corrected filing receipt is respectfully requested.
- There is an error with respect to the following data, which is:

incorrectly entered

and/or

omitted.

## Error in

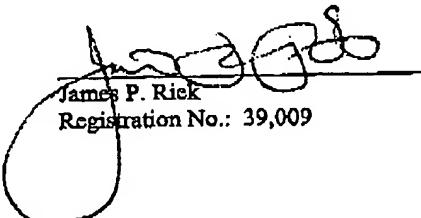
- Applicant's name
- Applicant's address
- Title
- Filing date
- Serial Number
- Foreign/PCT Application Re:
- Other: Claim count

## Correct data

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
7. Total claims = 40, Ind. claims = 2

- Applicants hereby request that the charge of \$102.00 for additional claims be refunded to Deposit Account 07-1392.

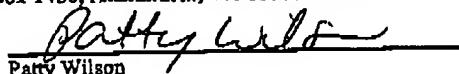
Date: 3/8/2005  
 GlaxoSmithKline  
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 James P. Rick  
 Registration No.: 39,009

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Date: 3/8/05

  
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APPL NO.	FLING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY.DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/031,637	12/19/2001	3761	1482 1380	PG3693USW	5	41 40	4

CONFIRMATION NO. 4268

23347  
DAVID J LEVY, CORPORATE INTELLECTUAL PROPERTY  
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## FILING RECEIPT



\*OC000000014805779\*

Date Mailed: 12/23/2004

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

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## Power of Attorney:

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## Domestic Priority data as claimed by applicant

This application is a 371 of PCT/EP00/03515 04/19/2000

## Foreign Applications

UNITED KINGDOM 9909354.4 04/24/1999

Projected Publication Date: None, application is not eligible for pre-grant publication

Non-Publication Request: No

Early Publication Request: No

JAN 03 2005

**Title**

Medicament carrier

**Preliminary Class**

128

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